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CONFIRMATION NO. 3585

<b>SERIAL NUMBER</b> 10/757,196 ✓	<b>FILING OR 371(c) DATE</b> 01/14/2004 ✓ <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> CU-3535 BSE
<b>APPLICANTS</b> Mohinder Singh, Naperville, IL;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> <b>** SMALL ENTITY **</b> 04/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				<b>INDEPENDENT CLAIMS</b> 2
Verified and Acknowledged Examiner's Signature: <u>Paula S. King PhC</u> Initials				
<b>ADDRESS</b> 26530				
<b>TITLE</b> Soft tip applicator for relieving mouth pain ✓				
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	